#### **NH Public Utilities Commission**

NHPUC 17MAR'16AN11:19

# **REC Aggregator Portal**

New Users CLICK HERE to setup your account for this form. Creating an account enables you to partially complete the form and return later to finish it or to make changes after the form is submitted. Be sure to create your account BEFORE entering information into the form, or the information will be lost.

| Existing Users CLICK HERE                           |
|---|
| Basic Information                                   |
| Who is submitting this request?  Aggregator         |
| Aggregator Batch Number                             |
| KE031416  |
| Are you registered in NH  O Yes  O No               |
| Aggregator name  Knollwood Energy - 14625  NH Reg # |
| Trivey #  |
| Aggregator Email                                    |
| karenton@knollwoodenergy.com                        |
| Other Aggregator name                               |
| Other aggregator email address                      |
| Facility Name                                       |
|   |
| Facility Owner Name                                 |
| Robert Beauregard                                   |

| Facility Owner email  |
|---|
| stefinrobert@gmail.com  |
| Owner Phone   |
| 603-854-3061  |
|   |
| Facility Address  |
| 184 Black River Rd  |
| Facility Town/City  |
| Bedford   |
| Facility State  |
| NH  |
|   |
| Facility Zip  |
| 03110   |
| Is the facility address the same as the owner's mailing address |
| Yes   |
| O No  |
| Mailing Address   |
|   |
| Madilian Tayun (Other   |
| Mailing Town/City   |
|   |
| Mailing State   |
|   |
| Mailing Zip   |
| Ivialing Zip  |
|   |
| Primary Contact   |
| Karen Tenneson  |
| Primary Contact   |
| Timary Contact  |
|   |
| Facility Primary Contact  |
| karenton@knollwoodenergy.com                                    |

| Other Email Address                   |
|---------------------------------------|
|                                       |
| Facility Information                  |
| Class                                 |
|                                       |
| Utility                               |
| Eversource                            |
| Off 10274 - N                         |
| Other Utility Name                    |
| To obtain a GIS ID contact:           |
| James Webb                            |
| 408 517 2174                          |
| jwebb@apx.com                         |
| GIS ID (include "NON")                |
| NON62620                              |
| Date of Initial Operation             |
| 11/12/2015                            |
| Facility Operator Name, if applicable |
|                                       |
| Panel Quantity                        |
| 16                                    |
| Panel Make                            |
| Solarworld                            |
| Panel Model                           |
| Other                                 |
| Panel Rated Output                    |
| 260                                   |
|                                       |
| System capacity based on panels  4160 |
| 1700                                  |

| Inverter Quantity   |
|---|
| 16  |
| Inverter Make   |
| Enphase Energy  |
| Add'l Inverter Quantity   |
| NA  |
| Additional Inverter Make  |
| None  |
| Rated Output - Primary Inverter   |
| 215   |
| Detect Output Additional Investor   |
| Rated Output - Additional Inverter  |
| L   |
| System capacity based on single inverter make                                   |
| 3440  |
| System capacity based on two inverter types                                     |
|   |
| System capacity in kW as stated on the interconnection agreement                |
| 3.44  |
|   |
| Revenue Grade Meter Make  |
| Hialeah   |
| Was this facility installed directly by the customer (no electrician involved)? |
| O Yes   |
| ● No  |
| Electrician Name & Number   |
| Other   |
| Other Electrician Name & Number   |
| Noureddine Mhal #12463M   |
| Installation Community  |
| Installation Company NuWatt Energy LLC  |
| NUVVAIL EDEROV LLC  |

| Other Installation Company Name  |
|--|
| Other Inst. Company Address  |
| Other Inst. Company City   |
| Other Inst. Company State  |
| Other Inst. Company Zip  |
| Independent Monitor Name & Company Paul Button - Energy Audits Unlimited  Other Monitor Name and Company   |
| Carlot method traine and company   |
| Is the installer also the equipment supplier?  • Yes • No  |
| Equipment Vendor   |
| Please attach your completed interconnection agreement including Exhibit B.  https://fs30.formsite.com/jan1947/files/f-5-99-6328048_ZLre0Clu_Beauregard_COC.pdf  |
| The project described in this application will meet the metering requirements of PUC 2506 including:   |
| Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor or a designated representative. |
| A revenue quality meter is used to measure the electricity generated.  |

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-168-6328048\_kP0Q3XKr\_Robert\_Beauregard\_contract\_par

Please attach additional document here

Kon Jan

https://fs30.formsite.com/jan1947/files/f-5-173-6328048\_JML6IHaH\_Beauregard\_SPIA1.pdf

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.

Karen Tonnesen

**Date Signed** 

**Print Name** 

03/14/2016

### New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

| Robert Beauregard               |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|
| Printed Name of signature owner |  |  |  |  |  |

Robert Beauregard (Jan 21, 2016)

Signature of system owner

#### **Eversource**

#### Interconnection Standards For Inverters Sized Up To 100 kVA

# Exhibit B - Certificate of Completion for Simplified Process Interconnections

|   | wner-installed                         |                                       |  |  |
|---|--|---------------------------------------|--|--|
| Customer or Company Name (print): ROBERT  | BEAUREGARD / ST                        | EEFANIA NOBILE                        |  |  |
| Contact Person, if Company:   |  |                                       |  |  |
| Mailing Address: 184 Back River Rd  |  |                                       |  |  |
|   |  | Zip Code: 03110                       |  |  |
| Telephone (Daytime): (603) 854-3061   | (Evening):                             |                                       |  |  |
| Facsimile Number:   | E-Mail Address: Stefinrobert@gmail.com |                                       |  |  |
| Facility Information: ->  | Eversource Meter # S69944672           |                                       |  |  |
| Address of Facility (if different from above):  |  |                                       |  |  |
| City:   | State:                                 | Zip Code:                             |  |  |
| Electrical Contractor Contact Information:  |  |                                       |  |  |
| Electrical Contractor's Name (if appropriate): Not  | ureddine Mhal                          |                                       |  |  |
| Mailing Address: 21 Pearl St  |  |                                       |  |  |
| City: Methuen   | State: MA                              | Zip Code: 01844                       |  |  |
| Telephone (Daytime): 617-908-4446   |  |                                       |  |  |
| Facsimile Number:   | E-Mail Address: tesl                   | anour@yahoo.com                       |  |  |
| License number: 12463M  | 8                                      |                                       |  |  |
| Date of approval to install Facility granted by the C   | Company:                               |                                       |  |  |
| Eversource Application ID number: #N  |  |                                       |  |  |
| Inspection:   |  |                                       |  |  |
| The system has been installed and inspected in com  |  |                                       |  |  |
| City: Bed For   | County: Maccs                          | Boro                                  |  |  |
| Signed (Local Electrical Wiring Inspector, or attact  | signed electrical inspection           | on):                                  |  |  |
| Signature:  |  |                                       |  |  |
| Name (printed): TERRY CART  | TIR                                    | Date:                                 |  |  |
| Customer Certification:   | •                                      |                                       |  |  |
| I hereby certify that, to the best of my knowledge, a Completion is true and correct. This system has be standards. Also, the initial start-up test required by | en installed and shall be op           | perated in compliance with applicable |  |  |
| Please remember to provide digital photos of the  |  | •                                     |  |  |
| required), the existing Eversource meter, the inv   |  | lectrical interconnection.            |  |  |
|   | Robe Ban                               |                                       |  |  |
| As a condition of interconnection you are required  | to send/fax a copy of this f           | form to:                              |  |  |

Eversource
Distributed Generation

780 North Commercial Street
P. O. Box 330, Manchester, NH 03105-0330
Fax No.: (603) 634-2924

# EVERSOURCE INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA

#### Simplified Process Interconnection Application and Service Agreement

|  | Eversource Application Project ID#: |                               |                                    |                               |
|--|-------------------------------------|-------------------------------|------------------------------------|-------------------------------|
| Contact Information:   |                                     |                               |                                    |                               |
| Legal Name and Address of Interconnecti  | ing Customer (                      | or Company name, if appro     | opriate)                           |                               |
| Customer or Company Name (print): RC   | BERT BEAURE                         | GARD / STEEFANIA NOBILE       | <u> </u>                           |                               |
| Contact Person, if Company:  |                                     |                               |                                    |                               |
| Mailing Address: 184 Back River Rd   |                                     |                               |                                    |                               |
| City: Bedford  | State, NI                           | 1                             | Zin Code:                          | 03110                         |
|  |                                     | (Evening):                    |                                    |                               |
| Telephone (Daytime): (603) 854-3061  |                                     | (Evening):                    | efforobert@omail.co                | m                             |
| Facsimile Number:  |                                     | E-Mail Address:               | ciiiii ooci ( <u>Bgiilaii</u> i.oo |                               |
| Alternative Contact Information (e.g., Name: NuWatt Energy                           |                                     | tion contractor or coordinat  | ing company, if ap                 | propriate):                   |
| Mailing Address: 14 Ellyson Ave  |                                     |                               |                                    |                               |
| City: E Hampstead  | State:                              |                               | Zip Code:                          | 03826                         |
| Telephone (Daytime): (603) 657-7177  |                                     | (Evening):                    |                                    |                               |
| Facsimile Number:  |                                     | E-Mail Address: inf           | o@nuwattenergy.co                  | m                             |
| Pacsinine (value).   |                                     |                               |                                    |                               |
| Electrical Contractor Contact Informa Name:  Mailing Address:                        |                                     |                               |                                    |                               |
| City:  |                                     |                               |                                    |                               |
| Telephone (Daytime):   |                                     | (Evening):                    | :                                  |                               |
| Facsimile Number:  |                                     | E-Mail Address:               |                                    |                               |
| Facility Site Information: Facility (Site) Address: 184 Back River Rd City: Bedford  | State:                              | NH                            | Zip Code:                          | 03110                         |
| Electric   |                                     |                               |                                    |                               |
| Service Company: Eversource  | Account h                           | Jumber: 56317976041           | Meter Nun                          | nber: S69944672               |
| Account and Meter Number: Please cons<br>Number on this application. If the facility | ult an actual Ev                    | ersource electric bill and er | nter the correct Ac                | count Number and Meter        |
| Eversource Work Request #  | -                                   |                               |                                    |                               |
| Non-Default' Service Customers Only:<br>Competitive Electric                         |                                     |                               |                                    |                               |
| Energy Supply Company:   |                                     |                               | count Number:                      |                               |
| (Customer's with a Competitive Energy S  | Supply Compan                       | y should verify the Terms &   | & Conditions of the                | ir contract with their Energy |
| Supply Company)  |                                     |                               |                                    |                               |

# EVERSOURCE INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA

# Simplified Process Interconnection Application and Service Agreement

| Facility Machine Information:  |  |  |  | 14   |
|--|--|--|--|--|
| Generator/   | ****   | del Name &                                 |  | 20   |
| Inverter Manufacturer: Enphase   |  | mber: M21                                  |  | Quantity: 20   |
| Nameplate Rating: 2.15   | _ (kW) (kV/  |  |  | Phase: Single Three  |
| Nameplate Rating: The AC Namep   | plate rating of the individ  | dual inverte                               | r.   |  |
| System Design Capacity: 48 3   | 144 (kW)   | (kVA)                                      | Battery Backup   | : Yes No   |
| System Design Capacity: The syste<br>sum of the AC nameplate ratings o         |  | C ratings.                                 | lf there are multiple  | e inverters installed in the system, this is the   |
| Net Mctering: If Renewably Fuele   |  | ct Metered?                                | Yes 🔳 No   |  |
| Prime Mover: Photovoltaic  |  |  |  | ne Other   |
| Energy Source: Solar Wind  | ☐ llydro ☐ Diese   | l 🗌 Natu                                   | ral Gas Fuel   | Oil Other  |
| Inverter-based Generating Facil  | lities:  |  |  |  |
|  |  | Compliance                                 | Path For Inverter 1  | Units, Part Puc 906.01 Inverter Requirements)  |
| Systems," addresses the electrical submit their equipment to a Nation          | interconnection design on<br>nally Recognized Testing<br>on the equipment an | of various fo<br>g Laborator<br>d supporti | orms of generating<br>y (NRTL) that veri<br>ing documentatio | rs for Use With Independent Power equipment. Many manufacturers choose to fies compliance with UL 1741.1. This on. Please include, any documentation 47.1 listing. |
| External Manual Disconnect Sw  |  |  |  |  |
| An External Manual Disconnect S  | witch shall be installed i   | n accordanc                                | e with 'Part Puc 90:   | 5 Technical Requirements For   |
| Interconnections For Facilities, Pue   | : 905.01 Requirements For  | r Disconnect                               | Switches and 905.0   | 2 Disconnect Switch."  |
| Yes No 🗌   | . In provi   | imity to util                              | lh/o meter   |  |
| Location of External Manual Disc   | onnect Switch: mproxi  | itiniy to dai                              | ity a meter  |  |
| Project Estimated Install Date: 10   | 0/10/15  | Pro  | oject Estimated In-S   | Service Date: 10/15/15   |
| Interconnecting Customer Signa   | ature:   |  |  |  |
| I hereby certify that, to the best of  | my knowledge, all of th  | e informati                                | on provided in this  | application is true and I agree to the Terms   |
| and Conditions for Simplified P  |  | s attached h                               | ereto:   |  |
|  | DocuSigned by:   |  | Owner  | _ 10/1/15  |
| Customer Signature:  | Dobert Beauregard  |  |  | Date: 10/1/15  |
| Please include a one-line and/or point in relation to the customer a returned. | three-line didgram of pi<br>service panet and the E                          | roposed ins<br>versource n                 | tallation. Diagran<br>neter socket. Appli                    | n must indicute the generator connection<br>icutions without such a diagram may be   |
|  |  |  |  |  |
|  | For F  | ersource                                   | Use Only   |  |
| Approval to Install Facility:  |  |  |  |  |
| Installation of the Facility is appro  | oved contingent upon the   | Terms and                                  | Conditions For SI  | mplified Process Interconnections of this  |
| Agreement, and agreement to any  | system modifications, i  | f required.                                |  |  |
| Are system modifications require   |  |  | etermined  |  |
|  |  |  |  |  |
| Company Signature:   |  |  | Title:   | Date:  |
| Eversource SPIA rev. 03/14   |  |  |  | Page 2 of 4  |
|  |  |  |  |  |